



## Municipal Police Training Committee

6 Adams Street, Randolph, MA 02368

(781) 437-0300 FAX: (781) 963-0235

### APPLICATION FOR ENROLLMENT IN THE LAW ENFORCEMENT CERTIFICATE PROGRAM (LECP)

**INSTRUCTIONS:** Application is to be made and submitted by the employing department. Complete and forward original application form to the Basic Recruit Academy Coordinator at M.P.T.C. HQ, 6 Adams Street, Randolph, MA 02368. This application shall be returned to the employing department without consideration unless all requested information is supplied and applicable signatures provided.

LECP @ (LOCATION)		Start Date:	
DEPARTMENT CHIEF:		EMPLOYING DEPARTMENT	
DEPARTMENT'S ADDRESS: (STREET, CITY/TOWN, ZIP CODE)			
DEPARTMENT CONTACT: (NAME & POSITION)		DEPARTMENT CONTACT'S E-MAIL ADDRESS:	
_____		_____	
TELEPHONE NUMBER: (     )		FAX NUMBER (     )	
APPLICANT'S NAME: (Last, First, M) _____			
<b><u>Certified copies of Criminal Justice Degree and Transcripts must accompany this application.</u></b>			
EMPLOYMENT STATUS UPON GRADUATION (please ✓ one): (Supporting documents must be submitted at the time application is made for consideration.)			
FULL-TIME POLICE OFFICER : _____			
SUPPORTING DOCUMENTS: MEDICAL Ppg 1 & 6, PAT and AGREEMENT TO SUPPORT STUDENT OFFICER			
PART-TIME POLICE OFFICER : _____ SPONSORED: _____			
SUPPORTING DOCUMENTS: ALL OF ABOVE AND THE WAIVER AND RELEASE			
<b>CERTIFICATION BY THE CHIEF OF POLICE OF THE EMPLOYING DEPARTMENT</b> This application is approved for attendance at the police academy. The employing department agrees to abide by the regulations, policies, and procedures of the Municipal Police Training Committee with regard to police academy training and understands that the program includes physical skill training. It is agreed that the applicant shall be covered by emergency health care insurance at all times while attending the Academy. The employing department agrees, in case of illness or injury, the Academy staff may take whatever actions are deemed necessary to arrange for emergency medical services. It is agreed that the applicant shall comply with entry-level medical and physical fitness standards as established by the Human Resource Division (HRD) of the Executive Office for Administration and Finance (A&F). It is agreed that all issues of civil liability shall be determined in accordance with Chapter 258 of the Massachusetts General Laws.			
CHIEF'S SIGNATURE: _____		DATE: _____	

<i>Please note: Applications for Full-time (RANK 1) employment upon Graduation will be accepted after Conditional Offers of Employment has been made to secure a seat.</i>	
POLICE DEPARTMENT:	LECP
NAME: (Last, First, Middle)	SS#  DATE OF BIRTH: (mm/dd/yyyy)
RESIDENTIAL ADDRESS: (STREET, CITY/TOWN, ZIP CODE)	EMPLOYING POLICE DEPARTMENT:
MAILING ADDRESS:	TELEPHONE NUMBER: ( )

**Disclosure of the following does not affect applicant's enrollment status. Attach additional pages if necessary.**

CURRENT COMPREHENSIVE MEDICAL : (mm/dd/yy) (Valid for 6 months)	CURRENT PAT: (mm/dd/yyyy) (Valid for 6 months – not to be expired Day 1 – FAX Official PAT results to (781) 963-0235)
CHRONIC MEDICAL/PHYSICAL CONDITIONS: (Current or past)	KNOWN ALLERGIES:
HAVE YOU EXPERIENCED ANY OF THE FOLLOWING DURING EXERCUTION? DIZZINESS FAINTNESS CHEST PAIN SHORTNESS OF BREATH - IF YES, EXPLAIN: ____ YES ____ NO	ARE YOU CURRENTLY TAKING MEDICATIONS? (PRESCRIPTION & NON-PRESCRIPTION) ____ YES ____ NO (IF YES, EXPLAIN):
MEDICAL INSURANCE COMPANY/ ID# :	
EMERGENCY CONTACT: (NAME & RELATIONSHIP)	EMERGENCY CONTACT TELEPHONE NUMBER: ( )
<p><b>CERTIFICATION BY APPLICANT</b> I agree to comply with all regulations, policies, and procedures set forth by the Municipal Police Training Committee with regard to police academy training and understand that I may be subject to dismissal from the Academy for violations or non-compliance thereof. I also agree that, in case of illness or injury, the Academy staff may take whatever actions are deemed necessary to arrange for emergency medical services. I certify that I am in good health, physically fit and will possess emergency health care insurance coverage at all times while attending the Academy. I agree that all issues of civil liability shall be determined in accordance with Chapter 26 of Massachusetts General Laws.</p> <p>SIGNATURE: _____ DATE: _____</p>	